## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

10/02875

Column 1) (Column 2)									SMALL ENTITY			THAN
			(Calumn 1)		(Colu	(Column 2)		TYPE		OR		
TOTAL CLAIMS			· ·					RATE FEE		] .	RATE	FEE
FOR			NUMBER FILED		NÚME	NUMBER EXTRA		FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			53 minus 20= *		* 3	33	X\$	9=		OR	X\$18=	SHW
INDEPENDENT CLAIMS			3 minus 3 = 1				X4:	2=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT						+14	 0≃		OR	+280=		
* H	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOT	AL:		OR	TOTAL	1234
	C	LAIMS AS A	MENDE		•			OTHER	THAN			
<u> </u>	2-13-06 (Column 1) (Column 2) (Column 3)							LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RAT	E.	ADDI: TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 26	Minus	# S.	<u> </u>	= ()	X\$ 9	)=		OR	X\$18=	
	Independent	NTATION OF M	Minus	HAT 3	CLAIM	= ()	X42	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								)=	•	OR	+280=	
F	JOE :							TAL	•	OR	· TOTAL	
ADDIT. FEEOH ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA	RAT	E .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	* 5	3	_ ()	X\$ 9	=		OR	X\$18=	\ /
	Independent	· 2	Minus	***	3	= ()	X42	7		OR	X84=	\/
	FINS L PRESE	NTATION OF MU	JETIPLE DEP	ENDENT	CLAIM .		140	1		Ī		X
							+140	L		OR	+280=	$\chi \lambda z$
	•					•	ADDIT, F			OR ,	TOTAL DDIT. FEE	
	err Pavinger i grane engane.	(Column 1)	Translation and the second	(Colum		(Column 3)		·		•	· /	Y
5		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	X\$ 9:			OR	X\$18=	
	Independent	+	Minus	***		=	X42=	+			X84=	
	TINS I PRESE	IRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+		OR		
• 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** 1	** If the "Highest Number Provincely Poid For" IN THIS SPACE is less than 20, anto 200 2									OR 📶	TOTAL DDIT. FEE	
1	i the "Highest Nur The "Highest Num	nber Previously Paid ber Previously Paid	id For" IN THIS   For" (Total or	SPACE is I	ess than t) is the h	3, enter "3." lighest number	ADDIT. FE	_	priate box			
												- 1